

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	v					
2		1				
3	p					
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9	8					
10	8					
11	①					
12	②					
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14	1					
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18	1					
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21			1			
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46			1	1		
47			1	1		
48			1	1		
49			1	1		
50			1	1		
TOTAL IND.			3			
TOTAL DEP.		←	1/4	←	←	←
TOTAL CLAIMS			11			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.	←			←	←	←
TOTAL CLAIMS						